

OVERCOMING BARRIERS TO PROACTIVE PET HEALTH INSURANCE CONVERSATIONS

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Recent research^{1,2} has explored how proactively educating clients about pet health insurance has an impact on clients, veterinary teams and pet care. Statistically significant findings from four hospitals that underwent communication training, including a focus on how to talk about pet health insurance, suggest that these conversations result in more pet owners who feel their veterinary staff 'cares a great deal' and increased overall satisfaction levels with their veterinary hospital. Additionally, after the communication training, animal healthcare team members reported feeling that more clients accepted their veterinary care recommendations. This perception was attributed to the creation of a culture, via financial education that includes pet health insurance, whereby proactive cost of care discussions became the norm. This training resulted in veterinary team members changing their narrative from one where they felt their recommendations to pet owners were constantly rejected or challenged to one where team members felt they effectively partnered with clients to find solutions.

Additionally, when proactive discussions about pet health insurance were incorporated into hospitals' client education communication training, the results for insured animals were tangible. Client spending on insured dogs and feline and canine patient visits all increased when compared to non-insured pets in the same hospitals. These results suggest that pet health insurance improves pet healthcare; clients are willing to spend more money, and as a result, their pets receive more services and treatments.



These results suggest that patients, veterinary teams and hospitals all benefit when communication education includes training pertaining to pet health insurance. Given these benefits, it is important to assess the barriers that prevent veterinary teams from having proactive pet health insurance conversations with clients. This current study was designed to understand these barriers and identify ways they can be overcome; enabling veterinary teams to more easily initiate proactive cost of care discussions with their clients.

Study Design

Four independently owned companion animal general medicine veterinary hospitals participated in a one year clinical study to measure the changes in both staff and client attitudes when active discussions about pet health insurance were implemented. In order

to control for regional differences, participating hospitals were geographically diverse: West Region (Arizona), Midwest Region (Ohio, Wisconsin), and Northeast Region (Vermont).

Pre-Study Training

Participating hospitals received a two-hour training session, facilitated by the principal investigator, in the two months prior to the inception of the study. The mandatory attendance training session began with an introduction by the leadership team in each hospital. They explained that the hospital had consented to participate in this clinical study and why that they felt their involvement was important. The principal investigator then began the training which included a discussion about why clients declined recommendations and how the animal health care team felt when clients opted to forego recommended care. Additionally, the training included a conversation about what pet health

insurance is, how it works, and how it can help clients accept clinical recommendations by lessening the financial impact of veterinary care needed by their pets.

The feelings of the animal healthcare teams about proactively discussing pet health insurance were explored during this training. They were encouraged to share their perceptions of pet health insurance, as well as any concerns they had about introducing this financial solution with pet owners. Concerns raised were explored, including brainstorming ways to manage and overcome these concerns. Team members were encouraged to share stories about how pet health insurance had helped clients access needed care for their pets. They were also asked to reflect on the times that they had presented estimates to clients with and without pet health insurance, and to talk about the differences in adherence that occurred and how that felt to them.

Leadership Team Responsibilities

The management team of each hospital varied slightly from hospital to hospital. In Hospital 1, the team was comprised of a DVM and the hospital manager; Hospital 2's team consisted of a DVM and the lead customer service representative. In Hospital 3, the team included two hospital managers and in Hospital 4, the team consisted of the hospital manager and a lead customer service representative. Each team agreed to participate in a 30-minute monthly phone call with the principal study investigator and the study sponsor's^a veterinary services manager for the 12 months of the study. The purpose of the monthly call was to review the hospital's study metrics, as well as create a mechanism to track successes and barriers to their ability to actively endorse pet health insurance with their clients.

The study hospitals agreed to present clients with materials from the study sponsor^a and a maximum of one additional company of their choice. Each hospital's management team was responsible for ensuring that their teams had adequate materials with which to educate clients about pet health insurance. The management teams were also responsible for sending client attitudinal surveys to all active clients in the month of study inception (September, 2017) and in the month following the conclusion of the study (September, 2018). Staff surveys were sent during the same time frame, with 2 of the hospitals sending them to their own teams, while the other two hospitals requested that the principal investigator send the surveys to their veterinary teams.

Key Findings

Information gained from the monthly phone calls identified five key barriers to proactively educating clients about pet health insurance: discomfort in talking with clients about pet health insurance, the time it takes to create new team habits, a lack of individual ownership in having the conversation with pet owners, the need to continually train/retrain new and existing team members about pet health insurance education, and a lack of role modeling by veterinarians in having these conversations with clients.

Discomfort in talking with clients about pet health insurance

Interestingly, the unease mentioned by team members when proactively educating clients about pet health insurance was not centered around talking about the cost of care, but rather on the lack of competence team members felt when pet owners asked questions about pet health insurance. Because pet health insurance is a

heavily regulated insurance product, it is not permissible for unlicensed team members to discuss policy specifics. Veterinary team members typically feel comfortable discussing the nuances of medical recommendations; yet they do not feel the same comfort when talking about pet health insurance. Some expressed concern that their credibility with clients could be damaged because they couldn't explain the pet health insurance product when asked questions.

There were several ways that the study hospital teams overcame their discomfort in talking with clients about pet health insurance. The hospitals found that having at least one pet insurance advocate in the hospital, usually a customer care specialist, provided team members with a resource to whom they could refer clients with questions. The advocates were able to share their stories of how pet health insurance helped other clients provide care for their pets, and refer clients to the pet health insurance companies directly so that they could have their detailed questions answered.

At each staff meeting, hospital leadership reiterated why it was important to proactively educate clients about pet health insurance. This reinforced the concept with team members that they were "not selling pet health insurance", but rather educating clients about the availability of this product as a way to help afford veterinary care by endorsing the idea "this is good for your pet".

Finally, teams benefited when they were empowered to directly refer clients to pet health insurance companies to have questions answered. Hospital leadership teams explained that veterinary staff members were not expected to be knowledgeable about the specifics of a pet insurance policy, and instead focused on introducing pet health insurance as an option for pet owners to provide care to their pets. By providing pet health insurance contact

information, it removed team members' perception of lack of credibility and being seen by clients as uninformed about the product.

Time and focus to create new team habits

Before accepting the invitation to participate in the clinical study, the leadership team of each hospital had conversations with their teams regarding how they felt about pet health insurance. While the sentiments about pet health insurance were positive, it took time to create new habits needed to comfortably engage in proactive educational conversations about pet health insurance with clients.

While uniform staff training was conducted by the principal study investigator for all 4 hospitals, team buy-in was variable among the veterinary staff and hospitals. There were two key elements in enhancing program success. The first element required creating alignment with the program, meaning that each team member knew their role in helping to create a successful program. During the pre-study training session, a "team roles" document was provided to help outline which team member was responsible for each part of the insurance education conversation. For example, the receptionist might ask each client

"Which pet insurance do you have?"

This presumptive question introduced the concept of pet health insurance and helped to normalize it. If the client wasn't familiar with pet health insurance, the receptionist provided company brochures and explained that the examination room technician or assistant would be happy to talk about their experiences with pet health insurance.

The second key element involved bringing the initiative to life, which occurred when veterinary staff viewed

proactive pet health insurance education conversations as being part of essential information communicated to clients. Success occurred when staff members found processes that worked for them, creating natural conversation segues that they were comfortable with. Many of these were relational in nature, such as

"Mrs. Smith, we know that you adore Fluffy. We believe it's important to educate clients about tools that will help your pets live long and healthy lives. One tool that will help you to be able to provide for Fluffy's future health care costs is pet health insurance. What do you know about this tool?"

Other techniques used by hospital leadership to create new habits included physical reminders of the initiative, such as signs on the doors facing the treatment room reminding team members to help clients 'get pet insurance before they need it!', 'get pets started with insurance today' and 'help owners afford all of the necessary veterinary care for their pets'.

Lack of individual accountability and ownership

Another barrier encountered involved negative emotions around changing pre-established habits pertaining to what was communicated to clients. Despite the belief that pet health insurance would be helpful to clients and pets, many team members were resistant and even resentful about having a change dictated to them. As a result, engagement was lacking. Hospital leadership overcame this obstacle using different approaches.

The most successful method in combating this barrier was by empowering veterinary teams to 'make it work'. In one study hospital, when the lead-

ership devised the plan about which team members were responsible for conversations, the conversations did not occur. When the team was given the latitude to find shared purpose, engage in real problem solving and create alignment, they worked together to create positive results. Retrospectively, while the team was committed to the initiative, they needed to implement it in a way that worked for them. As the manager observed, it was important to involve as many people, as early as possible, in helping to create this change.

Another successful tactic focused on creating a link between the purpose of the clinical study, to proactively educate clients about pet health insurance, and the hospital culture. For example, the philosophy of one hospital was to work in partnership with the client to provide optimal animal health care in a friendly, compassionate environment. The study was reframed by the hospital leadership as a way to help clients plan proactively for their pets' future health care needs. This explanation aligned the hospital's culture – one in which they work to create partnerships with clients. They found educating clients about pet health insurance played an important role in developing that partnership.

Continuous training of new and existing team members about pet health insurance education

One key finding was that in addition to initial training, ongoing support is needed to create new habits around proactive pet health insurance conversations. This is important for all team members, but especially for those who were on-boarded after the initial training had occurred.

Hospital leadership confronted these challenges in a couple of ways. The first was to talk about the program at

every staff meeting; asking for input about what was working well and what could be better. Some of the suggestions that arose from these conversations were requests for materials that could serve as conversation starters. To meet this need, the study sponsor^a developed an infographic handout that could be given to pet owners or posted on social media platforms that discussed the benefits of pet health insurance to the pet and pet owner. Additionally, a poster-sized version of the infographic was created, for display in the hospital's examination rooms. Another deliverable was the creation of a colorful sticker for the outside of prescription bags reminding pet owners about pet health insurance.

A technique that hospital managers used to reinforce the benefits of pet health insurance to the hospital patients was to review the claims information for pets covered by the study sponsor's^a insurance plans, so that the team could appreciate how pet health insurance was helping owners to provide recommended care to their pets. During this time, stories about the relationship the hospital had with the pet and pet owner were shared.

Study hospitals also leveraged the principal study investigator and the study sponsor's^a veterinary services manager to perform additional training as needed. Two of the five hospitals underwent additional on-site training sessions for the entire staff, while others had remote training for new team members. To create a sustainable program, hospital leadership integrated education about pet health insurance into the new hire training process.

The lack of role modeling by veterinarians in having pet health insurance conversations with clients

Because many veterinary hospitals use the 'leveraged examination' model,

where the examination room technician or assistant obtains the patient history and is responsible for client education, it can be easy for veterinarians to underestimate the importance of their clinical recommendation regarding pet health insurance. The study hospitals that had the most success in patient enrollments were those in which the veterinarians communicated the value of pet health insurance to the client by saying something like "I am in this profession to help people and their pets. Part of my job is to advocate for your pet. One of the best things that has helped my patients is when their owners get pet insurance. It makes it so much easier for my clients to provide care." Another veterinarian introduced the topic by asking the client "Do you want a dog, or **THIS** dog? If you want **THIS** dog you should look into pet health insurance." She then went on to educate the client about the anticipated lifetime costs of the pet.

One manager observed the impact of pet health insurance on her veterinarians, stating that her doctors worried less about suggesting procedures or surgeries when the pet is insured. She advocated strongly for her doctors to educate clients about pet health insurance so that they, themselves, could benefit from a lessening of the negative impact of client financial limitations, which include workplace burnout and moral distress.

Discussion

In addition to the creation and analysis of this study, we have numerous years' experience in private practice and academic veterinary clinical settings. During the years we have spent interacting with clients and veterinary staff, the most commonly cited reasons we have heard to explain why veterinary teams fail to have cost of care conversations, including educating clients about pet health insurance, are time constraints and a fear of

being perceived as a salesperson. Yet, we believe that the reasons behind the reluctance to have cost of care conversations are broader and more complex. We feel that these cited barriers represent self-limiting beliefs that are used to hide deeper thoughts that ultimately cause veterinary team members' discomfort in talking about money with clients. The authors' propose four relevant areas that create barriers in talking about money with clients: fear, guilt, assumptions/perceptions/judgments, and negative connotations about money.

Interestingly, the management and veterinary teams involved in this clinical study identified different key barriers to proactively educating clients about pet health insurance: discomfort in talking with clients about pet health insurance, the time it takes to create new team habits, a lack of individual ownership in having the conversation with pet owners, the need to continually train/retrain new and existing team members about pet health insurance education, and a lack of role modeling by veterinarians in having these conversations with clients.

We suggest that many of these barriers have their foundations in the four relevant areas identified above. For example, discomfort in talking with clients about pet health insurance actually involved the fear of being seen as less than competent when unable to have in-depth conversations about pet health insurance. This is not unique to the veterinary field; in studies involving cost of care conversations by human physicians, a key barrier to these discussions is "the lack of clinician knowledge, such as about costs of medical treatments or patient insurance coverage"³. When approaching the barriers identified during this clinical study, it is helpful to consider which of these four relevant areas are underscoring the reluctance to have proactive conversations about pet health insurance and create solutions that help to recognize and manage the underlying emotional obstacles.

This study not only uncovered key barriers preventing active educational conversations about pet health insurance with clients and solutions to eliminate these barriers, it also helped management teams learn how to successfully embrace change. At the conclusion of the one year study, the principal study investigator and the study sponsor's^a veterinary services manager had a final call with each hospital management team to solicit input about their participation in the study. Each management team was asked to discuss the top 2-3 lessons they learned while participating in the study. These teams reported that they learned how to successfully create and implement new hospital programs; skills that can certainly be applied to future business plans. This awareness was reinforced by one hospital management team when they said that one of the most valuable outcomes in participating in the study was learning how to start a new hospital initiative, including how to reinforce new behaviors until they become a habit and what is needed to maintain the focus to ensure it stays a top priority. Other responses included the value of consistent internal communication, ensuring that all team members were on the same page and able to speak with clients with a unified voice. As mentioned earlier in this article, one hospital learned the value of setting expectations, then allowing teams the latitude to decide how they wanted to accomplish the goal, rather than dictating a plan to them.

When asked how they would sustain the habit of proactive education of clients about pet health insurance in their hospitals, the majority of management teams indicated that they would maintain the lessons learned during the clinical study, such as the importance of continuing to highlight the value of pet health insurance by sharing stories in staff meetings. All management teams recognized the need for continued focus on having educational conversations about pet health insurance. Plans

to maintain this focus included role playing during team training events, incorporating education about why it is important to talk with clients about pet health insurance in new hire training and being sure that each team member remembers that these conversations are expectations of the job, as they are important clinical recommendations.

Several tangible benefits were identified by the study hospital management teams when clients were proactively educated about pet health insurance, including a decrease in client stress when confronting the cost of care, and the increased willingness of clients to accept treatment recommendations for insured pets, resulting in less emotional strain on the team member presenting the treatment plan. The client-staff-hospital bond was perceived by leadership teams as greater when clients have pet health insurance. Finally, they noted more frequent visits by patients with pet health insurance. Instead of waiting and watching their pets, clients are more willing to bring them in for a visit, ultimately increasing revenue.

In summary, this study suggests that a well-trained veterinary team in the art and practice of cost of care conversations, including pet health insurance, leads to a multitude of benefits for veterinary hospitals, as well as for their team members, clients and patients.

References:

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^a ASPCA® Pet Health Insurance Program.

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